



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

October 26, 2007

Debra Kamphaus, Administrator
Happy Kamper
11217 Barden Tower Dr
Boise, ID 83709

License #: RC-784

Dear Ms. Kamphaus:

On August 30, 2007, a complaint investigation, follow-up/revisit survey was conducted at Happy Kamper. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Debbie Sholley, LSW, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

DEBBIE SHOLLEY, LSW
Team Leader
Health Facility Surveyor
Residential Community Care Program

DS/sc



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September 13, 2007

CERTIFIED MAIL #: 7003 0500 0003 1967 0674

Debra Kamphaus, Administrator
Happy Kamper
11217 Barden Tower Dr
Boise, ID 83709

Dear Ms. Kamphaus:

On **August 30, 2007**, a complaint investigation, follow-up/revisit survey was conducted by our staff at Happy Kamper. As a result of the survey, a core issue deficiency was cited. Enclosed is a Statement of Deficiencies.

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ What date will the corrective action(s) be completed by?

Return the **signed** and **dated** Plan of Correction to us by **September 26, 2007**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Due to the continued failure of the facility to correct non-core issue deficiencies, in accordance with IDAPA 16.03.22.910.02. the following enforcement actions are imposed:

1. **A consultant, with a background in residential care and either an Idaho RN license or an Idaho Residential Care Facility Administrator's license will be obtained and paid for by the facility and approved by the Department. This consultant may not also be employed by the facility as a regular employee. The consultant is to be allowed unlimited access to the facility and its systems for the provision of care to residents. The name of the consultant with the person's qualifications and a copy of their license will be submitted to the Department for approval no later than September 14, 2007;**

Please be advised that you may contest this decision by filing a written request for administrative review pursuant to IDAPA 16.05.03.300. **no later than twenty-eight (28) days after this notice was mailed.** Any such request should be addressed to:

**Randy May
Deputy Administrator
Division of Medicaid-DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036**

If you fail to file a request for administrative review within the time allowed, this decision shall become final.

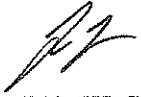
In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Chief of the Bureau of Facility Standards for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**September 26, 2007**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **September 26, 2007**, your request will not be granted.

Please bear in mind that non-core issue deficiencies were identified on the Punch List, a copy of which was reviewed and left with you during the exit conference. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **September 29, 2007**.

Debra Kamphaus, Administrator
September 13, 2007
Page 3 of 3

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be 'JS' or 'J. Simpson', written in a cursive style.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/ slc
Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R784	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 08/30/2007
NAME OF PROVIDER OR SUPPLIER HAPPY KAMPER			STREET ADDRESS, CITY, STATE, ZIP CODE 11217 BARDEN TOWER DR BOISE, ID 83709		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	Initial Comments A complaint survey was conducted at your residential care/assisted living facility on June 5, 2007 where non-core items were cited. Non-resolution of citations resulted in a follow-up survey conducted on August 30, 2007, which identified a core deficiency citation and repeat non-core citations. The surveyors conducting the follow-up survey were: Debbie Sholley, LSW Team Coordinator Health Facility Surveyor Polly Watt-Geier, MSW Health Facility Surveyor	R 000			
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based on record review and interview it was determined the facility failed to develop an NSA to identify and describe residents needs for 1 of 3 sampled residents (#1). The findings include: Review of the facility's admission/discharge register documented Resident #1 was admitted to the facility on 6/24/07. Review of residents' records on 8/30/07, revealed Resident #1 did not have a record. Additionally, there was no documented evidence a NSA had been developed for Resident #1.	R 008			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R784	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 08/30/2007
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R 008	<p>Continued From page 1</p> <p>On 8/30/07 at 11:36 a.m., the facility's administrator stated she had not developed an NSA for Resident #1.</p> <p>The facility failed to develop Resident #1's NSA to guide staff on how to provide care and services to meet the needs of Resident #1. This failure resulted in inadequate care.</p>	R 008			



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Happy Kamper</i>	Physical Address <i>11217 Barden Tower Dr.</i>	Phone Number <i>376-7782</i>
Administrator <i>Debra Kamphaus</i>	City <i>Boise</i>	ZIP Code <i>83709</i>
Survey Team Leader <i>Debbie Sholley</i>	Survey Type <i>Follow up</i>	Survey Date <i>8/30/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	151.01	The Facility did not follow the activity policy to include tracking for refusal to participate Report of 6/5/07		
2	220	The facility did not assure the admission agreement for 3 of 3 sampled residents were signed #1, 2 & 3 Report of 6/5/07		
3	451.03.c	The Facility did not have a physician's order for a resident on a therapeutic diet #2 Report of 6/5/07		

Response Required Date <i>9/30/07</i>	Signature of Facility Representative <i>Debra Kamphaus</i>	Date Signed <i>8-30-07</i>
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